CPR-SS 05-01

CANDIDATE'S REPORT OF RECEIPTS AND DISBURSEMENTS



N	lame of Candida	ate_ Mark Formb	у					Secretary of				
A	ddress 911 H	ighway 43, North			County							
	elephone	601-916-859	6		(Fax)	601-799-4386	5					
C	ontact Name_				Email Address	mark@markfor	mby.com					
District 108				Political Party								
Check here if above is different from previous report												
TYPE OF REPORT												
Annual Report (January 1, 2008 through December 31, 2008) Mandatory												
IMPORTANT												
(1)	Periodic reports ar indicating "0" (Zero	re mandatory, even if r o) for total amount of	no contribution reported contr	s or exp	penditures have occurred a and expenditures during	. In such case, the c g this period.	andidate shal	l submit a report				
(2)	Until a candidate fi (b)(ii)and(iii).	Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. \$23-15-807										
(3)	The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.											
(4)	Contributions in excess of \$200 received after the reporting period but before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.											
REPORTED CONTRIBUTIONS AND DISBURSEMENTS												
			Itemized	+	Non - Itemized	This Period	+ Calendar	year-to-date				
Total amount of contributions \$0.			\$0.00	+	\$600.00	\$600.00		\$600.00				
Total amount of disbursements \$0.0			\$0.00	+	\$1,767.00	\$1,767.00		\$1,767.00				
		Total	amount of	cash o	on hand	\$33,529.22						

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Electronic Signature on file with Mississippi SOS Office

	2/2/2009		
(Signature of Candidate)	(Date)		

Authority: Refer to Miss.Code Ann. \$23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadline, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann.\$\$ 23-15-811 and 813(1972).

SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to DELBERT HOSEMANN, Secretary of State, 401 Mississippi Street, Jackson, MS 39201 or FAX to 601-359-1499

2. Candidates for countywide or county district offices should return form to their county Circuit Clerk.

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OFFICE USE ONLY

DATE STAMP

Receipt Detail

Contributor	Туре	Source	Date	Amount
Receipt-Non-Itemized	Monetary		01/18/2008	\$200.00
Receipt-Non-Itemized	Monetary		09/30/2008	\$200.00
Receipt-Non-Itemized	Monetary		12/22/2008	\$200.00

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Disbursement Detail

ReceipientPurposeDateAmountDisbursement-Non-12/31/2008\$1,767.00

Itemized